

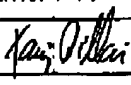
REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL		Express Mail Label No. (if applicable)	
Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Application No.	10/784,093
		Filing Date	February 20, 2004
		First Named Inventor	Wounjhang Park
		Group Art Unit	1773
		Examiner Name	Le, Hoa T.
		Attorney Docket No	226251
		Client Reference No	SD-14328-US-DIV-CA-DIV


This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1. Submission required under 37 CFR 1.114 a. <input checked="" type="checkbox"/> Previously submitted i. <input checked="" type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on June 27, 2005 (Any unentered amendment(s) referred to above will be entered.) ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on iii. <input type="checkbox"/> Other: b. <input checked="" type="checkbox"/> Enclosed i. <input type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Form PTO-1449 v. <input type="checkbox"/> Copies of References listed in Form PTO-1449 (except for U.S. patents and applications) vi. <input checked="" type="checkbox"/> Other: Reply to Advisory Action																																																							
2. Miscellaneous a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(f) required.) b. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 c. <input type="checkbox"/> Other:																																																							
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith. i. <input checked="" type="checkbox"/> RCE fee of \$790.00 (large entity) required under 37 CFR 1.17(e) ii. <input checked="" type="checkbox"/> Three-month extension of time fee of \$1020.00 iii. <input type="checkbox"/> An extension for _____ has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total amount of extension now requested. iv. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee. v. <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(l)) vi. <input type="checkbox"/> Other: vii. <input type="checkbox"/> Claim fee																																																							
<table border="1"> <thead> <tr> <th>CLAIM FEE</th> <th>CLAIMS REMAINING AFTER AMENDMENT</th> <th>HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th>EXTRA CLAIMS PRESENT</th> <th>RATE</th> <th>ADD'L CLAIM FEE</th> <th>RATE</th> <th>ADD'L CLAIM FEE</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td></td> <td>MINUS</td> <td>=</td> <td>x 25=</td> <td>\$</td> <td>x 50=</td> <td>\$</td> </tr> <tr> <td>INDEPENDENT</td> <td></td> <td>MINUS</td> <td>=</td> <td>x 100=</td> <td>\$</td> <td>x 200=</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">FIRST PRESENTATION OF MULTIPLE CLAIM</td> <td>+ 180=</td> <td>\$</td> <td>+ 360=</td> <td>\$</td> </tr> <tr> <td colspan="7" style="text-align: right;">Claim fee total</td> <td></td> </tr> <tr> <td colspan="7" style="text-align: right;">Total amount to be charged to Deposit Account</td> <td>1810.00</td> </tr> </tbody> </table>								CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	TOTAL		MINUS	=	x 25=	\$	x 50=	\$	INDEPENDENT		MINUS	=	x 100=	\$	x 200=	\$	<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM			+ 180=	\$	+ 360=	\$	Claim fee total								Total amount to be charged to Deposit Account							1810.00
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b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216																																																							

In re Application of Park
Application No. 10/784,093

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL
(CONTINUED)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Xavier Pillai	Registration No. (Attorney/Agent)	39,799
Signature		Date	September 23, 2005
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-8780	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)

MAILING/TRANSMISSION CERTIFICATE UNDER 37 CFR 1.8 OR 1.10			
I hereby certify that this document and all accompanying documents are, on the date indicated below, being <input type="checkbox"/> deposited with the U.S. Postal Service using "Express Mail" service in an envelope addressed in the same manner indicated on this document with Express Mail Label Number <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed in the same manner indicated on this document, or <input checked="" type="checkbox"/> facsimile transmitted to the U.S. Patent and Trademark Office at fax number: (571) 273-8300.			
Name (Print/Type)	Xavier Pillai		
Signature		Date	September 23, 2005

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RCE Transmittal (Revised 4/8/05)

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